



Neuroscience Associates of New York

1099 Targee Street, Staten Island, NY 10304 • 718/448-3210 • Fax: 718/815-3379

Neurology

Stephen A. Kulick, M.D., F.A.A.N., F.A.C.P.
Steven B. Schwartzberg, M.D.
Audrey L. Halpern, M.D.

Pain Management

Germaine N. Rowe, M.D., F.A.A.P.N.R.
Glenn D. Babus, D.O.

Neurological Surgery

Edwin M. Chang, M.D., F.A.C.S.
John S. Shlou, M.D., F.A.C.S.
Anthony J.G. Alstro, M.D.

Emeritus

Harvey R. Loewenthal, M.D., F.A.C.S.

Neuropsychology

Reuven L. Weiss, Ph.D.

March 20, 2006

Re: Jayson Reyes

To Whom It May Concern:

Mr. Reyes has been a patient in our pain management practice since June of 2003. He is being treated medically for RSD or reflex sympathetic dystrophy also known as complex regional pain syndrome. RSD is a chronic neurological disease caused by a disturbance in the sympathetic nervous system. RSD is characterized by symptoms of severe pain and increased sensitivity in the area of pain associated also with swelling, color and temperature changes, circulatory changes as well as impairment in motor function or reduced range of motion.

For the patient's pain symptoms, he has been previously treated with a regimen of Oxycontin, 20 milligrams, every 12 hours, Cymbalta, 60 milligrams a day, and Lidoderm patches, 12 hours on and 12 hours off as well as Provigil, 200 milligrams a day.

If you have any further questions, please feel free to contact us in our office at 718 448-3210, ext. 2287.

Sincerely yours,

Naomi Alcock, P.A.
Germaine N. Rowe, M.D.

NA/tw

Vehicle ID: 15K77716/Tax ID: 12711583

9920 4th Avenue, Brooklyn, NY 11209 • 718/238-0878
A Division of HEALTHCARE ASSOCIATES In Medicine, PC

Page 1 of 1

NYC 000131

The Home Depot
Physical Capacities Evaluation Form

Please complete the following items based on your clinical evaluation of JASON REYES

Associate Name:

Claim Number:

Date of Injury:

DOB:

Social Security Number:

In an 8 hour workday, the associate can: (circle one selection each)

	1	2	3	4	5	6	7	8	(Hours)	Constantly	With Rest
Sit	1	2	3	4	5	6	7	8	(Hours)		
Stand	1	2	3	4	5	6	7	8	(Hours)		
Walk	1	2	3	4	5	6	7	8	(Hours)		
Drive	1	2	3	4	5	6	7	8	(Hours)		

Please check the maximum limit and frequency that the associate can lift/carry:

Amount of Weight	Never	Occasionally 0 - 33%	Frequently 34 - 66%	Constantly Unlimited
1 - 10 lbs.				
11 - 20 lbs.				
21 - 50 lbs.				
51 - 100 lbs.				
Over 100 lbs.				

Please check the frequency that the associate can perform the following activities:

Activity	Never	Occasionally 0 - 33%	Frequently 34 - 66%	Constantly Unlimited
Climbing				
Descending				
Stopping				
Kneeling				
Crouching				
Crawling				
Reaching				

Please check the degree of work this associate can perform. Volume II of the Dictionary of Occupational Titles, pages 654 - 655, published by the U.S. Department of Labor (2nd ed. 1945) classifies the degree of work in terms of strength required:

Sedentary Work: Lifting 10 lbs., maximum and occasionally lifting and/or carrying such articles as desks, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary. Carrying out job duties, jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

Light Work: Lifting 20 lbs., maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs. Even though the weight lifted may be of negligible amount, a job in this category involves pushing most of the time with a degree of pushing and pulling of arm or leg controls, or when it requires walking or standing to a significant degree.

Medium Work: Lifting 30 lbs., maximum with frequent lifting and/or carrying of objects up to 20 lbs.

Heavy Work: Lifting 100 lbs., maximum with frequent lifting and/or carrying of objects up to 50 lbs..

Very Heavy Work: Lifting objects in excess of 100 lbs., with frequent lifting and/or carrying of objects weighing 50 lbs. or more.

Environmental Restrictions: None Yes (Please describe)

Signature/Title

REYES
3/2/04

Date

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD

PRACTITIONER'S REPORT OF INDEPENDENT MEDICAL EXAMINATION

A copy of each report of Independent Medical Examination shall be submitted on the same day and in the same manner to the Workers' Compensation Board, the insurance carrier or self-insured employer, the claimant's attending physician or other attending practitioner, the claimant's representative, if any, and the claimant.

CHECK ONE	<input type="checkbox"/> PHYSICIAN	<input type="checkbox"/> PODIATRIST	<input type="checkbox"/> CHIROPRACTOR	<input type="checkbox"/> PSYCHOLOGIST
THIS EXAMINATION WAS REQUESTED BY:	<input type="checkbox"/> CARRIER/EMPLOYER	<input type="checkbox"/> CLAIMANT		

WCB CASE NO.	CARRIER CASE NO. (IF KNOWN)	DATE OF INJURY	INJURED PERSON'S SOCIAL SECURITY NUMBER	DATE OF EXAMINATION
0024 8581	1878119HD	3/16/2002	123-65-7176	3/23/2004
INJURED PERSON	(First Name) (Middle Initial) (Last Name)	ADDRESS (Include Apt. No.) 262 80th Street Brooklyn, NY 11220		
EMPLOYER	Home Depot			
INSURANCE CARRIER	Sedgwick CMS 3 Huntington Quad South Wing Metville, NY 11767			
* EXAMINER CONDUCTED THIS EXAMINATION AS AN EMPLOYEE OF AN IME COMPANY, OR UNDER CONTRACT OR ARRANGEMENT WITH AN IME COMPANY. STATE NAME AND WORKERS COMPENSATION BOARD REGISTRATION NUMBER OF IME COMPANY				
MED CONTROL EVALUATION - 101 CEDAR SWAMP RD. - GLEN COVE, NY 11542 - #010057				
Results of Examination (continue on reverse or attach additional sheets, if necessary)				

I hereby certify that this report is a full and truthful representation of my professional opinion with respect to the claimant's condition.

Dr Andrew Weiss
Practitioner's Name

Andrew Weiss
Practitioner's Signature

3/23/04
Date

1021 Ave Z - corner of E. 11th Street - Brooklyn, NY 11236
Practitioner's Address

IME Authorization No.
125462-63

NO PRACTITIONER EXAMINING OR EVALUATING A CLAIMANT UNDER THE WORKERS' COMPENSATION LAW NOR ANY SUPERVISING AUTHORITY OR PROPRIETOR OR INSURANCE CARRIER OR EMPLOYER MAY CAUSE, DIRECT OR ENCOURAGE A REPORT TO BE SUBMITTED AS EVIDENCE IN WORKERS' COMPENSATION CLAIM ADJUDICATION WHICH DIFFERS SUBSTANTIALLY FROM THE PROFESSIONAL OPINION OF THE EXAMINING PRACTITIONER. SUCH AN ACTION SHALL BE CONSIDERED WITHIN THE JURISDICTION OF THE WORKERS' COMPENSATION FRAUD INSPECTOR GENERAL, AND MAY BE REFERRED AS A FRAUDULENT PRACTICE.

IME-4 (11-01)

TOTAL P.02

NYC 000133

REYES, JAYSON
252 50TH ST
BROOKLYN, NY
(718) 439-0721 11220-1711

PAGE: 1

RITE AID-6201
6201-23 FOURTH AVE
BROOKLYN, NY
(718) 567-6476

CUSTOMER HISTORY REPORT
01/01/05 TO 02/12/06

RX CF	RF	DATE	NDC PH INT	DESCRIPTION CLAIM REF NBR	QTY DISP SUPPLY	DAYS ON SUPPLY	RETAIL PRICE	CUST PMT	DOCTOR	INSTRUCTION	STORE
258330		02/11/05	00406051201	OXYCODONE HCL 5/325	25	75.00	\$37.98	\$0.00	ROME, GERMAINE N.	Take 1 tablet ever 04269	
258329		02/11/05	63481068706	LIDODERM 5% PATCH	20	60.00	\$415.99	\$0.00	ALCOCK, NAOMI	Use as directed 12 04269	
269591	1	05/23/05	63481068706	LIDODERM 5% PATCH	20	60.00	\$415.99	\$0.00	ALCOCK, NAOMI	Use as directed 12 04269	
269590		05/31/05	00406051201	OXYCODONE HCL 5/325	18	75.00	\$37.98	\$0.00	ALCOCK, NAOMI	Take 1 tablet ever 04269	
278318		08/29/05	63481068706	LIDODERM 5% PATCH	30	10.00	\$132.99	\$0.00	ALCOCK, NAOMI	Apply 1 patch TD 5 04269	
278319		08/29/05	00406051201	OXYCODONE HCL 5/325	20	60.00	\$437.99	\$0.00	ALCOCK, NAOMI	WEAR UP TO 3 PATCH 04269	
278320		08/31/05	00172635460	OXYCODONE HCL 10 MG TAB	25	75.00	\$37.98	\$0.00	ROME MD, GERMAINE	Take 1 tablet ever 04269	
285447		11/07/05	00406051201	OXYCODONE HCL 10 MG TAB	30	60.00	\$86.99	\$0.00	ROME MD, GERMAINE	Take 1 tablet ever 04269	
285445		11/07/05	00002323730	CYMBALTA 60 MG CAPSULE	18	75.00	\$37.98	\$0.00	ROME MD, GERMAINE	Take 1 tablet ever 04269	
278318	1	11/07/05	63481068706	LIDODERM 5% PATCH	30	30.00	\$138.99	\$0.00	ALCOCK, NAOMI	Take 1 capsule onc 04269	
285448		11/09/05	00591350201	OXYCODONE HCL CR 20 MG TAB	20	60.00	\$437.99	\$0.00	ALCOCK, NAOMI	WEAR UP TO 3 PATCH 04269	
278318	2	01/01/06	63481068706	LIDODERM 5% PATCH	30	60.00	\$170.99	\$0.00	ROME MD, GERMAINE	Take 1 tablet ever 04269	
291346		01/02/06	00591350201	OXYCODONE HCL CR 20 MG TAB	20	60.00	\$437.99	\$0.00	ALCOCK, NAOMI	WEAR UP TO 3 PATCH 04269	
294458		01/30/06	00406112101	METHYLIN 5 MG TABLET	30	60.00	\$170.99	\$0.00	ROME MD, GERMAINE	take 1 tablet by m 04269	
294457		01/30/06	00591350201	OXYCODONE HCL CR 20 MG TAB	30	60.00	\$29.99	\$0.00	ROME MD, GERMAINE	take 1 tablet 8 AM 04269	
							\$3,187.80				
								\$29.99			

***** THIS REPORT CONTAINS PATIENT HEALTH INFORMATION WHICH IS LEGALLY PROTECTED UNDER HIPAA LEGISLATION. THIS INFORMATION MUST BE USED AND STORED IN ACCORDANCE WITH RITE AID PRIVACY POLICIES. *****



HEALTHCARE ASSOCIATES in Medicine, PC

1099 Targee Street, Staten Island, NY 10304 • Phone: (718) 448-3210 • Fax: (718) 442-9085

FAX TRANSMISSION

DATE: 2/13/06

TO: Resorce 398-8995

EDMUR

COMPANY:

FAX:

RE:

Number of p

MESSAGE:



Neuroscience Associates of New York

A Division of HEALTHCARE ASSOCIATES in Medicine

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9920 4th Avenue, Brooklyn, N.Y. 11209 • 718/238-0878

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Gianfranco Scialfa, D.O.

Germaine Rowe, M.D.

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Neurological Surgery
Stephen M. Chang, M.D., F.A.C.S.
John S. Shou, M.D., F.A.C.S.

Anthony J.G. Alvarado, M.D.

Orthopedics
Harvey R. Levinthal, M.D., F.A.C.S.

NEUROLOGY
Stephen A. Kulick, M.D., F.A.A.N., F.A.C.P.
Audrey L. Holzman, M.D.

PEDIATRIC NEUROLOGY
Steven I. Schwartzberg, M.D.
Laurie M. Leffert, M.D.

NEUROLOGY
Peter M. Chang, M.D., F.A.C.S.
John S. Shou, M.D.
Anthony J.G. Alvarado, M.D.
Harvey R. Levinthal, M.D., F.A.C.S.
Orthopedics

ORTHOPEDICS
Peter J. Palko, M.D., F.A.C.S.
Stephen A. Schwartzberg, M.D., F.A.C.S.
Jeffrey R. Levinthal, M.D.
John P. Kelly, M.D.
David A. Drucker, M.D.
John G. Schwartzberg, M.D., F.A.C.S.
Robert A. Sosley, M.D.
Michael L. Goggin, M.D.

NEUROENDOCRINOLOGY
John S. Palko, M.D., F.A.C.S.
Dr. E. George, M.D., F.A.C.C.

PAIN MANAGEMENT
R. Kovac, M.D., F.A.P.P.M.R.
Glen D. Stuck, D.O.

PHYSICAL THERAPY
Andrea I. Hirsch, P.T.
Jerome Orlinger, P.T.

NEUROPSYCHOLOGY
Lorraine Weisz, M.D.

Re: Reyes, Jayson

Date 2/13/06

To Whom It May Concern:

Please be advised that the above named patient is under my care.

Chronic left foot pain 30 reflex
At the present time the patient:

sympathetic dystrophy (RSD)

may return to work, full duty.

may return to work with the following limitations:

may not return to work.

is unable to drive a car.

P. is treated medically for his pain symptoms with a regimen of Oxycontin 20 mg every 12 hours, Sincerely yours,
Combarel 60 mg/day, and Lidoderm patches 12 hours, 12h
He also uses Tramadol 80 mg/day. If you have any further questions, also contact Dr. Rowe, M.D.

4th Avenue



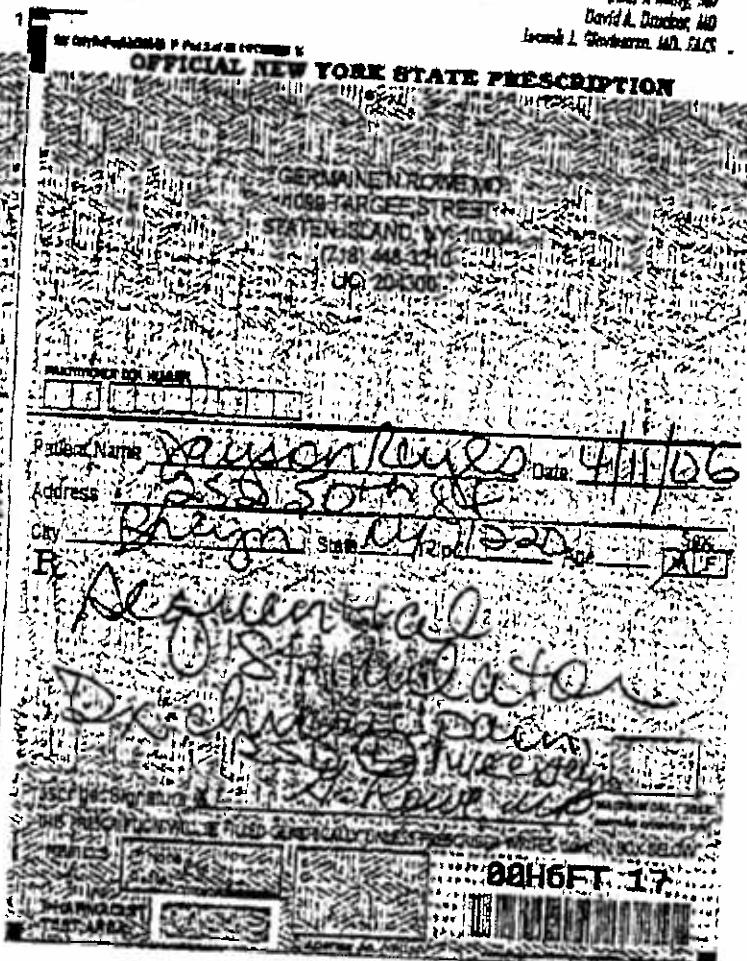
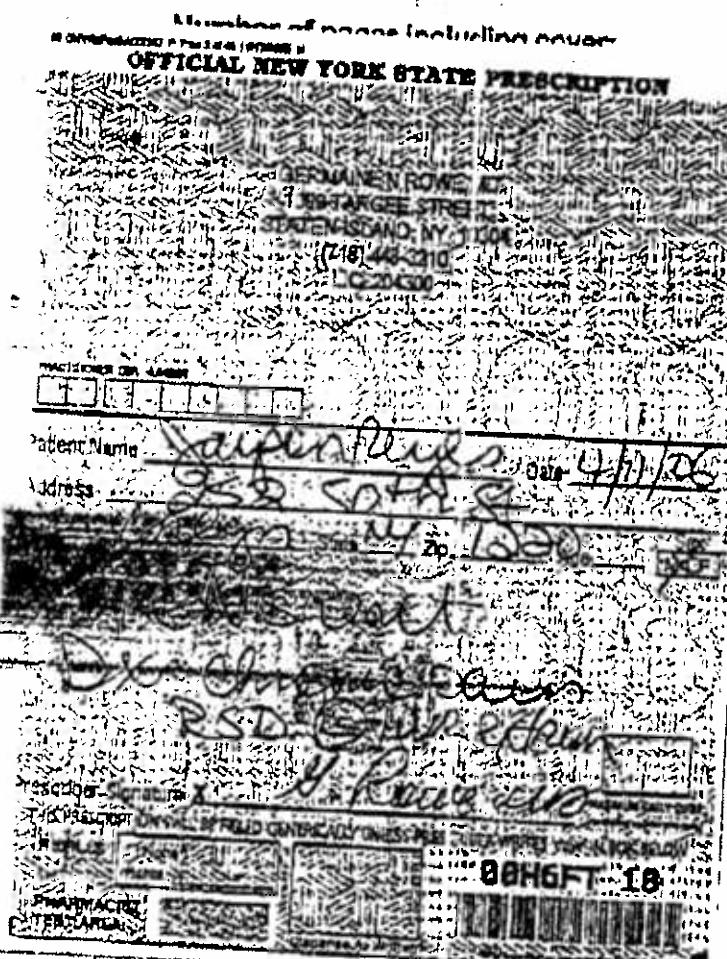
HEALTHCARE ASSOCIATES in Medicine, PC

1099 Targis Street, Staten Island, NY 10304 • Phone: (718) 448-3210 • Fax: (718) 442-9085

FAX TRANSMISSION

DATE: 4/11/06
 TO: Rescue
 COMPANY: _____
 FAX: 398-8995
 RE: _____

NEUROLOGY
 Stephen A. Kavale, MD, FAAN, FACP
 Andrey L. Bulykin, MD
 PEDIATRIC NEUROLOGY
 Steven B. Schwartzberg, MD
 Louis M. Kline, MD
 NEUROSCIENCE
 Edwin M. Cheng, MD, FACS
 John S. Shulman, MD
 Anthony J.E. Abetar, MD
 Harvey R. Levinthal, MD, FACS
 Neurology
 Stephen J. Pollack, MD, FACS
 Joseph A. Sammarco, MD, FACS
 Albert B. Apostol, Jr., MD
 John P. Kelle, MD
 David A. D'Amico, MD
 Joseph J. Sorkin, MD, FACS



9920 4th Avenue
 Brooklyn, NY 11209

3371 Mylan Boulevard
 Staten Island, NY 10306

65 Columbus Avenue
 Staten Island, NY 10304

1460 Victory Boulevard
 Staten Island, NY 10301

ANDREW B. WEISS, M.D., F.A.C.S.

Diplomate American Board of Orthopaedic Surgeons
Fellow American Academy of Orthopaedic Surgeons
Clinical Professor of Orthopaedic Surgery UMDNJ/New Jersey Medical School
555 Eagle Rock Ave. Suite 207 Roseland, NJ 07068
Tel#: (973) 226-0825 Fax#: (973) 226-3853

March 23, 2004

Med Control Evaluation
10 Cedar Swamp Road
Glen Cove, NY 11542

RE: Jason Reyes
CLAIM#: 1878119HD
FILE#: MCE34962
DATE OF ACCIDENT: September 16, 2002

To Whom It May Concern:

I had the opportunity to meet and evaluate Jason Reyes, a 21-year-old male receive/unloading person, in my Brooklyn, New York office on March 23, 2004. I am dictating this report on March 23, 2004 for an evaluation performed on March 23, 2004. He was accompanied to the evaluation by a female. My medical assistant, Erika Lerma, was present at the time of this evaluation.

MEDICAL RECORD REVIEW:

The following medical records were submitted for my review in preparation for this independent medical evaluation:

1. Physical therapy notes, dated 12/17/02 - 08/28/03.
2. Report by Dr. Rowe, dated 02/04/04.
3. Report by Dr Bakhshi, dated 06/24/03.
4. Independent medical evaluation by Dr Falvo, dated 05/22/03.
5. Independent medical evaluation by Dr. Kulick, dated 03/05/03.
6. Independent medical evaluation by Dr. Toriello, dated 01/30/03.
7. MRI report of the left foot, dated 12/04/02.
8. MRI report of the left ankle, dated 12/02/02.
9. Reports by Dr. L'Insalata, dated 09/20/02 - 07/03/03.

NYC 000137

HISTORY:

This claimant informs me that he is right-handed, 5 feet 8 inches tall, and weighs 200 pounds. He further states that on September 16, 2002 while at work, his left foot and ankle was crushed between two hylo machines. He was transported by ambulance from the scene of the accident to Lutheran Medical Center in Brooklyn NY, where he was clinically evaluated, treated, and x-rays were performed on his foot and ankle. He was released that same day to the care of his private physicians. He has had no surgery nor has he been hospitalized for any sequelae due to this accident.

He was reportedly treated with epidural injections for what appears to be reflex sympathetic dystrophy of the left foot and ankle. He is also being treated with several medications, including Vicodin, Trileptal and Nebutin. He is experiencing severe pain about the medial aspect of the left foot and ankle; even the slightest touch causes trembling of the limb and withdrawal.

PAST MEDICAL HISTORY/SOCIAL HISTORY:

Past history reveals he is in good health and has had no major operative interventions performed upon his body. He denies any history of similar conditions, prior or subsequent accidents. He denies taking medication besides those for his reflex sympathetic dystrophy.

His work status reveals he has not worked since September 16, 2002, the day the accident occurred.

He reveals that he is single and has a four year old child. He admits to being a social drinker and smokes approximately one pack of cigarettes per day.

PHYSICAL EXAMINATION:

LEFT FOOT AND ANKLE:

Examination of the left foot and ankle is consistent with reflex sympathetic dystrophy. He has withdrawal and trembling with even the slightest touch to the medial aspect of the left foot. There is some coldness and mottling of the skin on the medial aspect of the left foot and ankle. There is limitation of the left foot and ankle to approximately 80 percent normal in all planes. Strength is reduced to 80 percent normal in all planes.

DIAGNOSES:

1. Reflex sympathetic dystrophy left foot and ankle, causally related to the accident of September 16, 2002 by claimant history.

SUMMARY:

I would place degree of causally related disability as marked. If the claimant's history is accepted, there is a causal relationship between the reflex sympathetic dystrophy and the crush injury of September 16, 2002. There is a need for physical therapy at the frequency of three times per week for ten weeks after which a re-evaluation is suggested. There is also a need for the medications he is receiving. He is unable to work at this time. I have completed and enclosed the Home Depot evaluation form.

I, Andrew B. Weiss, M.D. being a physician duly licensed to practice in the State of New York, hereby affirm under penalties of perjury, that the statements contained herein are true and accurate. The captioned claimant was examined in accordance with the restrictive rules concerning an independent examination. It is understood that no doctor/patient relationship exists or is implied by this examination. The claimant was examined with reference to the specific complaints emanating from the original injuries. Any other medical conditions, which are found unreported or unrelated to the original injuries are to be considered beyond the scope of this examination.

I declare under the penalties of perjury that the information contained within this document was prepared and is the work product of the undersigned and is true to the best of my knowledge and information.

I will be available for Worker's Compensation testimony in Brooklyn on the second Monday of each month, after 1:30 P.M.; in Manhattan on the third Monday, after 1:30 P.M.; and in Queens on the fourth Monday, after 1:30 P.M. Hearings for all other locations are by telephone. Telephone hearings are by appointment only and must be scheduled with my office to avoid conflict.

Please feel free to contact my office, if additional information is required on this case.

Sincerely,



Andrew B. Weiss, M.D., F.A.C.S.
New York Medical License No.: 105462
ABW/ssc/lcj

cc: client

adly

Attorneys
Web

NYC 000139

Attn: Dr. Warden

7:8-546-5951

RE: Jason Reyes

3490602628

7 main

Medical Information

NYC 000140

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name _____ / DOB _____
 FROM _____ / Correctional institution _____ Inmate no. _____
 Referred to _____ / Ward / Clinic _____
 Hospital _____ / Clinic no. _____

Chief complaint or findings:**Diagnosis, treatment and medications by C.H.S.:**Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:Request:

Date _____ Referring Physician _____ Phone _____

Gabriel Jean Louis, MD
Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

NYC 000141

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name	101103 507	DOB	10/10/03
FROM	101103	Correctional institution	37 WADSWORTH
		Inmate no.	
Referred to		Ward / Clinic	
Hospital		/ Clinic no.	

Chief complaint or findings:Diagnosis, treatment and medications by C.H.S.:Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:Request:

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

BBKC/MDC
 125 WHITE STREET
 NEW YORK, NY 10013
 (212) 225-1458 (C0045-4)

NAME: REYES, JASON
 BOOK/CASE: 3490602628
 DOB: 01/13/1983

-FINAL- Original Report 02/14/2006

REYES, JASON	3490602628	BBKC/MDC
101053919	02/12/2006	02/12/2006 22:36 4/12/2006 08:24 23 Y M

<u>Test Description</u>	<u>Result</u>	<u>Reference Range</u>
-------------------------	---------------	------------------------

-----* MISCELLANEOUS *

Redacted

**

NYC 000143

Report ID: IRC00100

Pharmacy Order

Sorted by: Start Date

3/30/2006

10:26:47 PM

Name: **Reyes, Jason**
 DOB: **1/13/1983**
 Drug: **Naprosyn**
 Form: **Tab**
 Reason: **Other - PAIN**
 Written by: **Celia Tindale, PA - Physician Assistant**
 Approved by: **Franklin Mejia, Physician**
 Allergies: **NKA**

Book & Case: **349-06-02628**
 Site/Housing: **MDC/4S**
 SIG: **500 MG PO BID**
 Start: **3/30/2006**
 Dosage: **500MG**
 Duration: **5 days**
 Pharm: _____

DC:

Name: **Reyes, Jason**
 DOB: **1/13/1983**
 Drug: **Robaxin**
 Form: **Tab**
 Reason: **Other - PAIN**
 Written by: **Celia Tindale, PA - Physician Assistant**
 Approved by: **Franklin Mejia, Physician**
 Allergies: **NKA**

Book & Case: **349-06-02628**
 Site/Housing: **MDC/4S**
 SIG: **500MG PO BID**
 Start: **3/30/2006**
 Dosage: **500MG**
 Duration: **7 days**
 Pharm: _____

DC:



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Neuropsychology
Reuven L. Weiss, Ph.D.

March 20, 2006

Re: Jayson Reyes

To Whom It May Concern:

Mr. Reyes has been a patient in our pain management practice since June of 2003. He is being treated medically for RSD or reflex sympathetic dystrophy also known as complex regional pain syndrome. RSD is a chronic neurological disease caused by a disturbance in the sympathetic nervous system. RSD is characterized by symptoms of severe pain and increased sensitivity in the area of pain associated also with swelling, color and temperature changes, circulatory changes as well as impairment in motor function or reduced range of motion.

For the patient's pain symptoms, he has been previously treated with a regimen of Oxycontin, 20 milligrams, every 12 hours; Cymbalta, 60 milligrams a day; and Lidoderm patches, 12 hours on and 12 hours off as well as Provigil, 200 milligrams a day.

If you have any further questions, please feel free to contact us in our office at 718 448-3210, ext. 2287.

Sincerely yours,

Naomi Alcock, P.A.
Germaine N. Rowe, M.D.

NA/tw

Vehicle ID: 15877716/Taxi ID: 12751563



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
BUREAU OF CORRECTIONAL HEALTH SERVICES

Redacted



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

45

Redacted

(One Copy for Chart)

(One Copy for Counselor)
3-12-2006 2:54:34 AM

(One Copy for Tracking)

NYC 000147

NEW YORK STATE DEPARTMENT OF HEALTH

AIDS Institute

Part A

My health care provider has informed me that I may be at risk for HIV testing and has given me written information about HIV testing.

- HIV is the virus that causes AIDS.
- The only way to know if you are infected is to be tested.
- HIV testing is important to know if you are infected.
- HIV testing is voluntary. No consent is required to be tested.
- Several testing options are available including anonymous testing.
- State law protects the confidentiality of test results and also protects the test information from disclosure.

My health care provider has informed me that I may be at risk for HIV testing and has given me written information about HIV testing.

I understand and accept the following information about HIV testing:

In addition to the testing sites listed above, I can have my health care provider perform an HIV diagnostic testing if I request it. I can have this test repeated and will be informed of the results within 4 weeks. I can have an HIV diagnostic testing if I request it at any time during the course of my current pregnancy and will be informed of the results at any time.

Signature:

Date:

(legally authorized representative)

If legal representative, indicate relationship to subject:

Printed Name: MAUREEN POWELL
HIV COUNSELOR

Medical Record #: 100-00000000

Except for expedited HIV testing on Mass units, this form replaces all HIV testing consent forms as of June 1, 2003.

NOTE: this form is intended to be used in conjunction with DOH-2556i, Part A.
DOH-2556 (5/05)



Neuroscience Associates of New York

1099 Targee Street, Staten Island, NY 10304 • 718/448-3210 • Fax: 718/815-3379

Neurology

Stephen A. Kulick, M.D., F.A.A.N., F.A.C.P.
Steven B. Schwartzberg, M.D.
Audrey L. Halpern, M.D.

Pain Management

Germaine N. Rowe, M.D., F.A.A.P.M.R.
Glenn D. Babus, D.O.

Neurological Surgery
Edwin M. Chang, M.D., F.A.C.S.
John S. Shlau, M.D., F.A.C.S.
Anthony J.G. Alastrue, M.D.

Emeritus
Harvey R. Leventhal, M.D., F.A.C.S.

Neuropsychology
Reuven L. Weiss, Ph.D.

March 20, 2006

Re: Jayson Reyes

To Whom It May Concern:

Mr. Reyes has been a patient in our pain management practice since June of 2003. He is being treated medically for RSD or reflex sympathetic dystrophy also known as complex regional pain syndrome. RSD is a chronic neurological disease caused by a disturbance in the sympathetic nervous system. RSD is characterized by symptoms of severe pain and increased sensitivity in the area of pain associated also with swelling, color and temperature changes, circulatory changes as well as impairment in motor function or reduced range of motion.

For the patient's pain symptoms, he has been previously treated with a regimen of Oxycontin, 20 milligrams, every 12 hours; Cymbalta, 60 milligrams a day; and Lidoderm patches, 12 hours on and 12 hours off as well as Provigil, 200 milligrams a day.

If you have any further questions, please feel free to contact us in our office at 718 448-3210, ext. 2287.

Sincerely yours,

Naomi Alcock, P.A.
Germaine N. Rowe, M.D.

NA/tw

Voloo ID: 15877716/Tex ID: 12751583

Report ID: ITC00100

Pharmacy Order

Sorted by: Start Date

2/17/2006

10:17:14 AM

Name: **Reyes, Jason**
 DOB: **1/13/1983**
 Drug: **Tylenol**
 Form: **Tab**
 Reason: **Other - pain**
 Written by: **Jacques Lorde, PA - Physician Assistant**
 Approved by: **Cristian Pedestru, Physician**
 Allergies: **NKA**

Book & Case: **349-06-02628**
 Site/Housing: **MDC/4S**
 SIG: **2 tab s po qid prn**
 Start: **2/17/2006**
 Dosage: **325MG**
 Duration: **5 days**
 Pharm: _____

DC:

Name: **Reyes, Jason**
 DOB: **1/13/1983**
 Drug: **Naproxen**
 Form: **Tab**
 Reason: **Other - pain**
 Written by: **Jacques Lorde, PA - Physician Assistant**
 Approved by: **Cristian Pedestru, Physician**
 Allergies: **NKA**

Book & Case: **349-06-02628**
 Site/Housing: **MDC/4S**
 SIG: **1 tab po bid**
 Start: **2/17/2006**
 Dosage: **500MG**
 Duration: **7 days**
 Pharm: _____

DC:

Report ID: IRC00100

Pharmacy Order
Sorted by: Start Date

2/28/2006

10:02:06 PM

Name: **Reyes, Jason**
 DOB: **1/13/1983**
 Drug: **Naproxen**
 Form: **Tab**
 Reason: **Other - pain**
 Written by: **Franklin Mejia, Physician**
 Approved by: **Franklin Mejia, Physician**
 Allergies: **NKA**

Book & Case: **349-06-02628**
 Site/Housing: **MDC/4S**
 SIG: **500 mgrs PO BID**
 Start: **2/28/2006**
 Dosage: **500MG**
 Duration: **5 days**
 Pharm: _____

DC:

Name: **Reyes, Jason**
 DOB: **1/13/1983**
 Drug: **Tylenol**
 Form: **Tab**
 Reason: **Mental Health - pain**
 Written by: **Franklin Mejia, Physician**
 Approved by: **Franklin Mejia, Physician**
 Allergies: **NKA**

Book & Case: **349-06-02628**
 Site/Housing: **MDC/4S**
 SIG: **2 tabs PO Q8Hrs PRN**
 Start: **2/28/2006**
 Dosage: **325MG**
 Duration: **5 days**
 Pharm: _____

DC:

Report ID: IRC00100

Pharmacy Order
Sorted by: Start Date

2/12/2006

3:44:49 AM

Name:	Reyes, Jason	Book & Case:	349-06-02628	NYSID:	0470442Y
DOB:	1/13/1983	Site/Housing:	MDC/RR		
Drug:	Motrin	Dosage: 400MG			
Form:	Tab	SIG:	BID		
Reason:	Other - PAIN L ANKLE	Start:	2/12/2006	Duration:	4 days
Written by:	Issa Madhoun, Physician				
Approved by:	Issa Madhoun, Physician				
Allergies:	NKA				

Pharm: _____

DC:

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name	Reyes, Julian	DOB	1/1/69
FROM	BXCI	12/1969	1/6/28
Correctional institution		Inmate no.	
Referred to	D. O. C.		Ward / Clinic
Hospital	/ Clinic no.		

Chief complaint or findings:

Pt has a Medical Klass-
t. care. care. Thank you

Diagnosis, treatment and medications by C.H.S.:

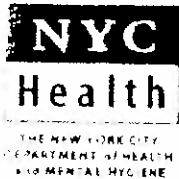
Ira Gornish, RPA

Request:

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

ate _____ Physician _____



DIVISION OF HEALTH CARE ACCESS AND
IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

URINE DIPSTICK AND DRUG TESTING

Patient's Last Name Reyes	First Name Jason	NYSID Number 0470442Y
Book & Case Number 349-06-02628	DATE 2/12/2006	TIME 2:54 AM
TESTED BY:		
PRINT NAME <i>John</i>	SIGNATURE <i>John</i>	TITLE <i>h</i>
RESULTS		REFERENCE RANGE

Redacted

2/12/2006 2:54:10 AM

NYC 000154



Bio-Reference Laboratories
481 EDWARD H. ROSS DR.
ELMWOOD PARK, NJ 07407-0621
1-800-229-5227

RIKERS ISLAND DETENTION COMPLEX

GENERAL LABORATORY TESTING REQUISITION

RIKERS ISLAND FACILITIES

C0034-8 ARDC (C-74)
 C0036-3 AMKC (C-95)
 C0046-2 EMTC (C-76)
 C0035-5 GMDC (C-73)
 C0047-0 GRVC
 C0037-1 JATC

MDC

RR

DETENTION COMPLEXES

C0042-1 VBC
(BRONX)
 C0045-4 BBKC
(MANHATTAN)
 C0044-2 BDC
(BROOKLYN)
 C0043-9 QDC
(QUEENS)

Patient Last Name: Reyes

First: Jason

Book case #: 349-06-02628

Date of Birth: 1/13/1983

Sex: M

Date Collected: 2/12/2006

Comments:

Collected By: *ghe*Ordering Physician: *J. mitch*

PROFILES

<input type="checkbox"/> 8392-3 CHEM 20 (T PROT, ALB, GLOB, GLU, NA, K, CL, CO2, BUN, CREAT, GGT, CAL, URIC ACID, T BIL, LDH, ALK PHOS, ALT, CHOL)	(S)
<input type="checkbox"/> 2280-6 HEPATITIS ABC PROFILE (HepBvAb, HepBsAg, HepBcAb, HepcAb, HepAb, w-reflex)	(S)
<input type="checkbox"/> 7402-1 Profile 7 (NA, K, CO2, CL, BUN, GLUCOSE, CREAT)	(S) <input type="checkbox"/> 2342-4 Liver Profile (T-DBIL, AST, LDH, GGT, T PRO, ALB, ALP, ALT)
<input type="checkbox"/> 0007-5 Thyroid Profile (T4, TGU T ³ TSH)	(S) <input type="checkbox"/> 0009-1 LIPID PROFILE (CHOL, TRIG, HDL, LDL)

CLINICAL TEST

<input type="checkbox"/> 0156-0 ABO RH	(R)	<input type="checkbox"/> 0102-4 Glycobhemoglobin	(L)	<input type="checkbox"/> 0137-0 Protime (INR)	(B)
<input type="checkbox"/> 0036-4 Amylase	(S)	<input type="checkbox"/> 0105-7 Hematins A Ab (w-reflex)	(S)	<input type="checkbox"/> 0139-6 PTT	(B)
				<input type="checkbox"/> 0141-2 Retic Count	(L)
				<input checked="" type="checkbox"/> 0142-0 RPR	(S)
				<input type="checkbox"/> 0086-9 Sed Rate	(L)
				<input type="checkbox"/> 0266-5 Sickle Screen	(L)
				<input type="checkbox"/> 0151-1 T4	(S)
				<input type="checkbox"/> 0380-6 Thrombophilia	(S)
				<input type="checkbox"/> 0153-7 TSH	(R)
				<input type="checkbox"/> 0157-8 Uric Acid	(S)
				<input type="checkbox"/> 0159-4 Urinalysis	(U)
				<input type="checkbox"/> 0160-2 Vit B12	(S)
<input type="checkbox"/> 0060-1 Folate	(S)	<input type="checkbox"/> 0289-9 Phenobarital	(R)		
<input type="checkbox"/> 0095-0 Glucose	(G)	<input type="checkbox"/> 0327-7 Pregnancy (Serum) + quant	(S)		
		<input type="checkbox"/> 0173-9 Pregnancy (Urine) +	(U)		

BACTERIOLOGY CULTURES

<input type="checkbox"/> 0630-2 Urine Culture (Box container)	<input type="checkbox"/> 0678-6 Throat Culture (culture test)	<input type="checkbox"/> 0341-8 Blood Culture (2 Bacteriostatic aerobic, 1 Anaerobic)	<input type="checkbox"/> 0782-8 Wound Culture (culture test)
<input type="checkbox"/> 0077-8 Stool Culture (SC) + S. abd	<input type="checkbox"/> 0772-0 O&P (SC) + O&P Kit	<input type="checkbox"/> 0270-2 C-Diff Toxin (SC)	
<input type="checkbox"/> 0732-2 Gram Stain (SC)	<input type="checkbox"/> 0902-6 AFB (SC)	<input type="checkbox"/> 0873-9 Stool for WBC (SC)	<input type="checkbox"/> 0122-2 Occult Blood Stool (SC)
<input type="checkbox"/> Biopsy Specimen		Clinical History	

OTHER TEST(S) NOT LISTED ABOVE

1.
2.
3.
4.
5.
6.

PAP SMEAR

COMPLETE AND SUBMIT A BIO-REFERENCE CYTOPATHOLOGY REQUISITION ONLY

VIRAL LOAD

RNA QUANT PCR - COMPLETE AND SUBMIT A Q-TEST REQUISITION ONLY (W)

SPUTUM CULTURE

FOR AFB (COMPLETE NYC DOH MYCOBACTERIOLOGY REQUISITION ONLY, FN50)

HIV SCREEN

(COMPLETE NYC DOH REQUEST FORM (NYC) (S))

(1) = Blue, (2) = Green, (3) = Green Heparin, (4) = Gray, (5) = Oxalate (6) = Ficoll, (7) = EDTA, (8) = Sodium Vacutainer, (9) = Serum, (10) = SST Serum, (11) = Citrate (W) = White, (P) = Yellow, (S) = Sterile Container

INTERNAL CONTROL (LABEL SE ONLY)

<input type="checkbox"/>					
LLAV	DETROIT	ARED	5-SST	GY GREY	BL BLUE
BR-GREEN	Y YELLOW	W PPT	AB ROYAL BL	STERILE (S)	2% (2%)
DAP	BLO COU FROZEN SPEC	SLIDE	THIMERIAL	FORMALIN	TAIR
RAND LBN (CUP)	24-HOUR U-URINE	TIMEURINE	BOB BOTT	DOCT BLD	

VOL -
LBD L. NO.



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

Redacted

(One Copy for Chart)

(One Copy for Counselor)
2/13/2006 2:54:34 AM

(One Copy for Tracking)

NYC 000156

MEDICAL TREATMENT OF PRISONER
PD 244-150 (Rev. 12-99)-Part 1

SECTION I - TO BE COMPLETED BY N.Y.P.D.

Prisoner's Name (Last, First, M.I.) Print

NUNEE REYES, JAYSON

Date 02/11/06

Address

252 50th STREET B/CLYN

Street

11220

Zip Code

Appt

Age

23

Sex

M

PLACE

Arresting Officer

Rank

Print Name (Last, First, M.I.)

PC 1 ATTARIAN, STEVEN

Signature

Badge No.

For Reg. No.

Command

Officer's

Rank

Print Name (Last, First, M.I.)

1206611977M

Cmd. of Arrest

Officer's

Rank

Print Name (Last, First, M.I.)

Officer's

Charge

Officer's

Rank

Print Name (Last, First, M.I.)

PC

Officer's

Rank

Print Name (Last, First, M.I.)

220.21

Officer's

Rank

Print Name (Last, First, M.I.)

Prisoner Requires Medical Aid

No

Prisoner Refused Medical Aid

Yes

No

Date 02/11/06

Time 0415

Via Patrol

RMP #

Wagon #

ACR #

PCR #

Officer's

Rank

Print Name (Last, First, M.I.)

Officer's

Rank

Print Name (Last, First,

Redacted